

FILED

2020 OCT 14 A 10:22

U.S. DISTRICT COURT
N.D. OF ALABAMA

CIVIL ACTION NO#

2:20-CV-1383-

GMB
JW

Harford Life & Accident
Company

Plaintiff

v. Henrietta Brown, Crystal
Brown, Bawn, LaKeysha
Brown Leverette

Fannie McCary

C&J Financials, Inc.

Defendants

CIVIL ACTION NO:

2:20-cv-1383
GMB

The ANSWER
of Fannie McCary

I am the Step Daughter of Ricky Lewis Brown.
My Stepfather acknowledge me as his real daughter.
He died in Dec. of 20019. My Mother is Henrietta Brown.
My Stepsister Crystal Brown & Myself. He left
in his Hartford Beneficiary on his insurance
Policy from Hartford Insurance. (I have a copy attached).
I don't know why I wasn't Notified until June
THAT I WAS A 15% Beneficiary from Hartford Ins. Co.
My Application for Not Having Attorney But I
could not afford one. I AM on the Beneficiary form
Attached. I hope that my Step Father/Father wished
will be granted. He Spelled my Name ^{STICKY} ~~WRONG~~
But he got my Social Security Number ~~right~~.
All I want is what rightfully belongs to
me & that is my 15% of ~~Hartford~~ Proceeds.

I Didn't have any knowledge that I had
a part of this. until After My Mother
& Step Sister Had already ~~already~~ started Fighting
in A legal Battle. I didn't know until Hayford
Wrote me in June.

Sign: Janie McCary
Date: 10/14/2020

Address - P.O. Box 12 / Phone#
Brierfield Ala.
35035 / 205-576-6012

my name
is circled

201308062608111



BENEFICIARY DESIGNATION

Initial Beneficiary Designation(s) OR Change of all prior beneficiary designation(s) (check only one box). I hereby revoke any previous beneficiary designation(s), if any, for my group term life insurance and/or accidental death and dismemberment (AD&D) insurance issued to this group and direct that the insurance proceeds payable under the policy be paid as indicated below.

Insured/Member Name:	Social Security Number:
Ricky Lewis Brown	<input type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> X <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 4 <input type="checkbox"/> 9
Insured/Member Address:	Telephone Number:
616 Lewis Ave Bessemer Al 35020	(205)401-2030
Policyholder:	Policy Number:

NAMING YOUR LIFE BENEFICIARY

It is important that your beneficiary designation be clear so there will be no question as to your intent. It is also important that you name a primary and contingent beneficiary. If you need assistance, contact the company representative or your own legal counsel. Benefits payable for a Dependent's death are payable, where applicable, to You if living, otherwise according to the terms under the policy.

PRIMARY BENEFICIARY(IES)	
Name: Henrietta Brown	Date of Birth: -45
Address: Bessmer Al 35021	Telephone Number: -8814
Social Security Number: 4012	Relationship: wife
Benefit Percent: 70%	
Name: Crystal S. Barr	Date of Birth: 1985
Address: Brent Al 35034	Telephone Number: -7635
Social Security Number: 4984	Relationship: Daughter
Benefit Percent: 15%	
Name: Eannie M. McCurry	Date of Birth: -67
Address: Al.	Telephone Number: -0027
Social Security Number: 5977	Relationship: Daughter
Benefit Percent: 15%	

CONTINGENT BENEFICIARY(IES)

Name:	Date of Birth:
Address:	Telephone Number: ()
Social Security Number:	Relationship:
Benefit Percent:	
Name:	Date of Birth:
Address:	Telephone Number: ()
Social Security Number:	Relationship:
Benefit Percent:	

Spousal Consent For Community Property States Only: If you live in a community property state - Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin - you may complete the Spousal Consent section, which allows your spouse to waive his or her rights to any community property interest in the benefit. Disclaimer: Spousal consent does not apply to ERISA plans. This will certify that, as spouse of the Insured named above, I hereby consent to my spouse designating the person(s) listed above as beneficiaries of the group life term insurance and/or accidental death and dismemberment (AD&D) insurance issued under the above policy and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersede any prior spousal consent or waiver under this plan.

Signature of Insured/Member's Spouse: _____ Date: _____

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

Signature of Insured/Member: Ricky Lewis Brown Date: 07/24/13
Please note that a Power of Attorney (POA) may not have the authority to change a beneficiary.